

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14	/		/		/		64					
15		/		/			65					
16		/		/			66					
17		/		/			67					
18		/		/			68					
19		/		/			69					
20		/		/			70					
21		/		/			71					
22		/		/			72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26		/		/			76					
27		/		/			77					
28		/		/			78					
29		/		/			79					
30		/		/			80					
31		/		/			81					
32		/		/			82					
33		/		/			83					
34		/		/			84					
35		/		/			85					
36		/		/			86					
37		/		/			87					
38		/		/			88					
39		/		/			89					
40		/		/			90					
41		/		/			91					
42		/		/			92					
43		/		/			93					
44		/		/			94					
45		/		/			95					
46		/		/			96					
47		/		/			97					
48		/		/			98					
49		/		/			99					
50		/		/			100					
TOTAL IND.		2		2			TOTAL IND.					
TOTAL DEP.		24		24			TOTAL DEP.					
TOTAL CLAIMS		26		26			TOTAL CLAIMS					